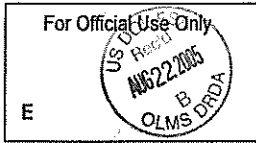


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12102</u>	2. Fiscal Year Covered From: <u>7</u> / <u>1</u> / <u>2004</u> Through: <u>6</u> / <u>30</u> / <u>2005</u>
3. Name and address of person filing. Name <u>JOHN</u> C <u>ARVIN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4637 TANEY PL</u> City <u>MERRILLVILLE</u> State <u>Indiana</u> ZIP Code + 4 <u>46410</u>	4. Name, file number, and address of labor organization. Name <u>IUPAT DISTRICT COUNCIL 91</u> Labor Organization File Number <u>542-404</u> P.O. Box, Building and Room Number, if any _____ Street <u>409 MILLNER INDUSTRIAL DRIVE</u> City <u>EVANSVILLE</u> State <u>Indiana</u> ZIP Code + 4 <u>47710</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____ \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John C. Arvin</u>	On <u>8/8/2005</u> Date	<u>(219) 947-0420</u> Telephone Number

Name of Person Filing JOHN ARVIN

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name STEWART C. MILLER & CO., INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2111 W Lincoln Highway

City

State Indiana

ZIP Code + 4 46410

14.a. Nature of payment.

CHRISTMAS GIFT

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$31

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.



International Union of Painters and Allied Trades, AFL-CIO, CLC
District Council 91

Northwest Indiana Painters and Allied Trades Local 460

8364 Minnesota Street, Merrillville IN 46410

Phone: (219) 947-0420 Fax : (219) 947-0248

INDIANA • ILLINOIS • KENTUCKY • TENNESSEE

John C. Arvin, Business Representative/Director of Servicing

INDIANA

PLU # 47 - INDIANAPOLIS
317-546-5638

PLU #80 - LAFAYETTE
765-477-7848

PLU #156 - EVANSVILLE
812-425-4414

PLU #197 - TERRE HAUTE
812-232-1644

PLU #460 - NW INDIANA
219-947-0420

PLU #469 - FORT WAYNE
260-484-7924

PLU #669 - ANDERSON
765-378-5242

PLU #1118 - SOUTH BEND
574-287-8200

GLU #1165 - IN, KY, IL

EVANSVILLE
812-962-0652

FORT WAYNE
260-484-7924

GARY
219-947-0420

INDIANAPOLIS
317-542-7617

SOUTH BEND
574-287-8200

KENTUCKY

PLU # 118 - LOUISVILLE
502-366-2233

PLU # 500 - PADUCAH
270-441-7697

TENNESSEE

PGLU # 456 - NASHVILLE
615-255-7863

August 5, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

RE: Form LM-30 (7/1/04 – 6/30/05)

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of July 1, 2004 to June 30, 2005.

I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for this period, I will immediately file an amended Form LM-30.

Sincerely yours,

John C. Arvin

John C. Arvin
Business Representative
IUPAT District Council 91

CERTIFIED MAIL # 7001 1140 0000 8283 2553